

Proxy Form

I give permission for the following person(s) to receive nutrition education, pick-up and/or redeem my WIC checks, and have my child's height, weight, and bloodwork taken.

_____ Proxy Name	_____ Proxy Name
_____ Signature of Participant/Payee	_____ Family Number
_____ Date	
_____ Name of Participants	_____ Family/Member Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Your proxy(s) must bring this form, your WIC ID Folder, and proof of identification to the WIC Clinic. If you would like to change your proxy(s), you and your new proxy(s) must return to complete another form and WIC ID Folder.

_____ Signature of Proxy	_____ Date	_____ Signature of Proxy	_____ Date
_____ Local Agency Signature		_____ Date	

UDSA prohibits discrimination in the administration of its programs.